

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 3:23-cv-00093-MMD-CSD

| | | | |
|---|----------------|---------------|-----------------|
| __ Filed __ | __ Received __ | __ Entered __ | __ Served On __ |
| Counsel/Parties of Record | | | |
| JUL 09 2024 | | | |
| Clerk US District Court District of Nevada | | | |
| By: _____ | | Deputy _____ | |

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(f))*

This summons for (name of individual and title, if any) Chembio Diagnostics, Inc.
 was received by me on (date) July 5, 2024.

- ☐ I personally served the summons on the individual at (place) _____
 on (date) _____; or
- ☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or
- ☒ I served the summons on (name of individual) C T CORPORATION SYSTEM, who is
 designated by law to accept service of process on behalf of (name of organization)
Chembio Diagnostics, Inc. on (date) June 28, 2024; or
- ☐ I returned the summons unexecuted because _____; or
- ☐ Other (specify): _____

My fees are \$ for travel and \$ 34.30 for services, for a total of \$ 34.30
~~0.00~~.

I declare under penalty of perjury that this information is true.

Date: 07/06/2024

David S. Gross (Pro Se Plaintiff)
 Server's signature

David S. Gross (Pro Se Plaintiff)
 Printed name and title

1800 Poplar Dr., Apt #10, Medford, OR,
 Server's address 97504

Additional information regarding attempted service, etc:

Print

Save As...

Reset

SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3.
- ☐ Print your name and address on the reverse so that we can return the card to you.
- ☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CT Corporation System
701 S Carson St., STE 200
Carson City, NV 89701



9590 9402 8645 3244 4868 15

2. Article Number (Transfer from service label)

CT 180 928 355 US

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)**C. Date of Delivery**

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

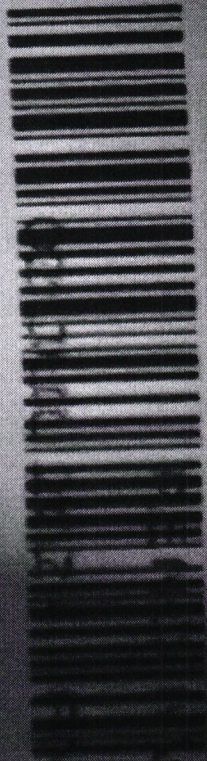
JUN 28 2024

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

USPS TRACKING #



9590 9402 8645 3244 4858 15

United States
Postal Service

• Sender, please print your name, address, and ZIP+4® in this box.

David Cross
1800 Poplar Dr., Apt #10
Medford, OR 97504

First-Class Mail
Postage & Fees Paid
USPS
Permit No. 6-10